



ACS Needs Assessment Survey

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How can we improve?

ACS is conducting a needs assessment on all of its programs. The responses will help ACS develop programs that meet the needs of the USAG Schweinfurt community.

Have you used ACS services within the past 12 months?

- ☐ Yes
- ☐ No

How would you rate the services you received?

- ☐ Excellent
- ☐ Satisfactory
- ☐ Unsatisfactory

What would you consider an ideal time for ACS sponsored training/class/ or workshops?

- ☐ 0900-1100
- ☐ 1200-1300
- ☐ 1300-1600
- ☐ 1700-1900
- ☐ My ideal time is _____

What is the best method for ACS to get information into the community? (check all that apply)

- ☐ Email
- ☐ Flyers
- ☐ Bulletin Board
- ☐ Other: _____
- ☐ Website
- ☐ Military mailings
- ☐ Marquee

What type of program/workshop/training are you interest in? (Check all that apply).

Employment Readiness:

- ☐ Job Search
- ☐ Resumes/Resumix
- ☐ Career Development

Volunteer Program:

- ☐ AFTB
- ☐ AFAP
- ☐ Volunteering

Relocation Assistance:

- ☐ Lending Closet
- ☐ Welcome Packets
- ☐ Newcomers Orientation
- ☐ Sponsorship Training
- ☐ Classes on Moving

Information & Referral:

- ☐ Information (Community Resources)

Exceptional Family Member Program (EFMP):

- ☐ Advocacy
- ☐ Information & Referral
- ☐ Special Needs Classes
- ☐ Eldercare Material

Financial Readiness:

- ☐ Credit/Money Issues
- ☐ Investment Seminars
- ☐ Consumer Issues
- ☐ Scholarship Searches
- ☐ Retirement Planning
- ☐ Budget Management

Family Advocacy Program:

- ☐ Parent Education
- ☐ Stress Management
- ☐ Communication Class
- ☐ Book/Video Loan
- ☐ Couple Enrichment
- ☐ Conflict Resolution
- ☐ Child Management

New Parent Support Program:

- ☐ Home Visits
- ☐ Child Management Info
- ☐ Parent/Child Playgroup

Continued on next page.

Deployment Readiness Program:

- ☐ Briefings
- ☐ Family Readiness Group Assistance
- ☐ Video Teleconferencing (VTC)

Army Emergence Relief:

- ☐ Loans/Grants
- ☐ Scholarships
- ☐ Campaign

Soldier and Family Assistance Center (SFAC):

- ☐ Veteran Benefits
- ☐ Priority Appointments

What support groups would you use? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Single Parent Group | <input type="checkbox"/> Waiting Spouse Support Group |
| <input type="checkbox"/> Parents Support Group | <input type="checkbox"/> Family Readiness |
| <input type="checkbox"/> Widowed Support Group | <input type="checkbox"/> Widowed Support Group |
| <input type="checkbox"/> Multicultural Spouses Group | <input type="checkbox"/> Grandparents Support Group |
| <input type="checkbox"/> Job Search/Networking Group | <input type="checkbox"/> Other: _____ |

Additional Comments

About You (optional)

- ☐ Please Select this box if you are interested in receiving more information from ACS

Name _____ E-mail _____

Address _____ Phone _____

City _____ State _____ ZIP Code _____

Thank you for your participation!